

0
66/02/60
JC555 U.S. PTO

A
0
66/02/60
JC555 U.S. PTO

Please type a plus sign (+) inside this box →

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier HAIM ZVI MELMAN

Title APPARATUS AND METHOD FOR SEARCH AND RETRIEVAL...

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 25]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
4. Oath or Declaration [Total Pages 2]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. §3.73(b) Statement Power of
(when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. * Small Entity Statement(s) Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. Other: CONFIRMED APPLICATION FORM
IN ISRAEL 27 SEP. 1998
NUMBER 126373

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			<input checked="" type="checkbox"/> Correspondence address below
Name	HAIM ZVI MELMAN			
Address	3 HAGAI STREET			
City	KFAR-SABA	State		Zip Code 44335
Country	ISRAEL	Telephone	+972-9-78651589	Fax +972-9-7648761

Name (Print/Type)	HAIM ZVI MELMAN	Registration No. (Attorney/Agent)	
Signature	<i>H. MELMAN</i>		Date 3 SEP 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	HAIM ZVI MELMAN
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity
Fee Code (\$) Fee Code (\$)

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	380
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)

380

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
11	6		20*	0	
			- 3** =	3	39
					117

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$) Fee Code (\$)

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

117

3. ADDITIONAL FEES

Large Entity Small Entity
Fee Code (\$) Fee Code (\$)

105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	HAIM ZVI MELMAN	Registration No. (Attorney/Agent)		Telephone	+972-9-7651589	
Signature	<i>M. Zvi Melman</i>				Date	3 SEP 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Haim Melman, 3 Hagai St., Kfar-Saba, 44335
Fax: +972-9-7678761
Tel: +972-9-7651589
Email: haim_melman@hotmail.com

U.S. PTO
JC 594 09/398289
09/20/99



DATE: 3 September, 1999

TO: Patent and Trademark Office
Washington DC 20231
U.S.A.

ATTN: Assistant Commissioner for Patents

FAX:

CC:

Subject:	Patent Application
-----------------	--------------------

Dear Sir.

I hereby submit a patent application of the title:

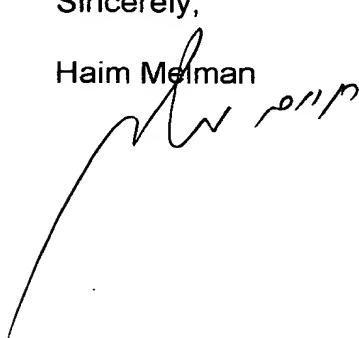
METHOD AND APPARATUS FOR SEARCH AND RETRIEVAL OF
DOCUMENTS

The content enclosed in this package is specified in the UTILITY PATENT
APPLICATION TRANSMITTAL form (PTO/SB/05) enclosed here.

A certified copy of the Israeli application is in preparation and will be mailed
later.

Sincerely,

Haim Melman



לשפטות הולסכה
For Office Use

חוק הפטנטים, התשכ"ג-1967
PATENTS LAW, 5727-1967

בקשה לפטנט

Application for Patent

126373	מספר: Number
27-09-1998	תאריך: Date
קדם/אחר Ante/Post-dated	

I (Name and address of applicant, and, in case of a body corporate, place of incorporation)

חיים צבי מלמן, חגי 3 כפר-סבא, ישראל 44335

Haim Zvi Melman, 3 Hagai St., Kfar-Saba, Israel 44335

בעל אפטצאה מכח _____ שפטות זה:
Owner, by virtue of _____

of an invention, the title of which is:

מכשיר וושיטה לחיפוש ואחסון מסמכים

(בעברית)
(Hebrew)

Apparatus and Method for Search and Retrieval of Documents

(באנגלית)
(English)

מבקש בזאת כי ניתן לי עלה פטנט.

בקשת חלוקה – Application for Division	בקשת פטנט נוסף – Application for Patent of Addition	דרישה דין קידמה Priority Claim		
		מספר/סימן Number/Mark	תאריך Date	מדינת האיחוד Convention Country
מבקש פטנט from Application No. _____ dated _____	לבקשת פטנט to Patent/Appl. No. _____ dated _____			
oyer ch: הכללי/מדויק – רצף בהה / עוד יונש P.O.A.: general / specific – attached / to be filed later				
הוגש בעניין _____				
כתובת החניה ומסמכים בישראל Address for Service in Israel				
חיים מלמן חגי 3 כפר-סבא 44335				
חותמת המבקש Signature of Applicant 潦記				
10 תשרי 1998 This 10 of September 1998 היום _____ שנות _____				
לשפטות הולסכה For Office Use				



05236438